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23973 7590 07/20/2009

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<i>Danny L Prostekher</i>	(Depositor's name)
<i>Danny L Prostekher</i>	(Signature)
<i>October 13, 2009</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/593,179	10/04/2006	Gosse B. Bruinsma	202224-0006-00US	8826

TITLE OF INVENTION: METHOD OF TREATING DOWN SYNDROME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional YES \$755 \$300 \$0 \$1055 10/20/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
HENLEY III, RAYMOND J	1614	514-431000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	1. <i>Drinker Biddle</i> 2. <i>& Reath LLP</i> 3. _____

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New York, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Kathryn Doyle

Date October 13, 2009

Typed or printed name

Kathryn Doyle

Registration No. 36,317

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